

**UNIVERSITY OF NEVADA, LAS VEGAS
EDUCATIONAL LEADERSHIP
APPROVAL FOR INDEPENDENT STUDY**

NAME _____ STUDENT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SEMESTER _____ YEAR _____ COURSE# _____ CR _____

STATUS: GRADUATE _____ UNDERGRADUATE _____ OTHER _____

DESCRIPTION OF PROPOSED PROJECT, AREA OF STUDY:

STUDENT SIGNATURE _____ DATE _____

STUDENTS COMMITTEE CHAIR _____ DATE _____

INSTRUCTOR _____ DATE _____

DEPART CHAIR/GRAD COORD _____ DATE _____